07-24-06

PTO/SB/21 (04-04)

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## 10/700,927 **Application Number TRANSMITTAL** 11/04/2003 Filing Date **FORM** First Named Inventor Toshifumi Kamiya, et al. (to be used for all correspondence after initial filing) 3753 Art Unit **Examiner Name** John K. Ford Total Number of Pages in This Submission 4041J-000803 Attorney Docket Number

		تناللل						
ENCLOSURES (check all that apply)								
Fee Transmittal F	om	☐ Drawing(s)			er Allowance Communication to chnology Center (TC)			
☐ Fee Attached		Licensing-related Papers			peal Communication to Board of peals and Interferences			
Amendment / Rep	oly	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to Convert to a Provisional Application			Proprietary Information			
Affidavits/dec	laration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
Extension of Time	e Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):			
[		Request for	r Refund	Return Receipt Postcard				
Express Abandon	ment Request	CD, Numbe	er of CD(s)					
☐ Information Disclo	osure Statement							
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750.						
Response to Missing Parts/ Incomplete Application								
	Response to Missing							
Parts under 37 CFR 1.52 or 1.53								
	SIGNA	TURE OF APP	LICANT, ATTORNEY, O	R AGE	NT			
Firm	5,5,11		Attorney Name		Reg. No.			
or Harness, Dickey & Individual name					34,007			
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Signature	1/1/1	of.	hut.					
Date	July 21, 2086							
	CERTIFICATE OF TRANSMISSION/MAILING							

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Signature	White	Date	July 21, 2006

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100	Fees pursuant to the Consolidated Approp	oriations Act. 2005 (H.R. 4818).		Complete if Known					
10 ( F )	4		Application Number	10/700,927					
	P   FEE INANSWILLIAL		Filing Date	11/04/2003					
JUL 212	for FY 2		First Named Inventor	Toshifumi Kamiya, et al.					
PRATE TRADE	Applicant claims small entity st	atus. See 37 CFR 1.27	Examiner Name	John K. Ford					
TA TRADE	Mary Control of the C		Art Unit	3753					
	TOTAL AMOUNT OF PAYMENT	(\$) 120	Attorney Docket No.	4041J-000803					
	METHOD OF PAYMENT (check	all that apply)							
	☐ Check ☐ Credit Card ☐ M	loney Order	Other (please identify	y) :					
	Deposit Account Deposit Account Number: 08-0750  Deposit Account Name: Harness, Dickey & Pierce, PLC								
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
	☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee								
	Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	FEE CALCULATION								

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For the above-ide	entified depo	sit account,	the Direct	or is he	reby authorized to: (che	eck all that ap	ply)	
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FEE CALCULATION								
1. BASIC FILING, SEA	RCH, AND	EXAMIN	ATION F	EES	·			
	FILING F	EES		SEAF	RCH FEES	EXAMINA	ATION FEES	
	5	Small Ent	ity		<b>Small Entity</b>		Small Entity	
Application Type	<u>Fee (\$)</u>	<u>Fee(\$)</u>		Fee(S	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)
Utility	300	150		500	250	200	100	
Design	200	100		100	50	130	65	
Plant	200	100		300	150	160	80	
Reissue	300	150		500	250	600	300	
Provisional	200	100		0	0	0	0	
2. EXCESS CLAIM FE	ES							Small Entity
Fee Description								
Each claim over 20 (inc							50	25
Each independent clain		luding Reis	sues)				200	100
Multiple dependent clair		la!	F==(\$)		For Doid (\$)		360	180
Total Claims	Extra C		<u>Fee(\$)</u>	_	Fee Paid (\$)			Dependent Claims
-20 or HP:	_	X		=	<u>0</u>		<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.								
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3. APPLICATION SIZE  If the specification and d		and 100 cho	ote of non-	or (ava	luding electronically fil	ad cognopos	or computer	
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4. OTHER FEE(S)								Fees Paid (\$)
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SUBMITTED BY	1/				
Signature	soft had	Registration No. (Attorney/Agent)	34,007	Telephone	(248) 641-1600
Name (Print/Type)	Michael			Date	July 21, 2006

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